



## A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED HEALTH TEACHING ON KNOWLEDGE REGARDING ILL EFFECTS OF ALCOHOLISM AMONG ADOLESCENTS FROM SELECTED SCHOOLS.

### Nursing

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### ABSTRACT

Alcohol abuse is a major health problem in India and world at large. For the past 30 to 40 years alcohol consumption has increased tremendously. The problem of alcoholism until a few decades was considered a moral problem and a sign of social irresponsibility<sup>1</sup>. Approximately 65% of Americans of age 18 and older consume alcohol and approximately 5.2% are alcohol dependent 8% are problem drinkers, and 9.4% are at risk drinkers. Alcohol abuse contributes to illness in each of the top three causes of death in the United States, the life expectancy of a person with alcoholism is reduced by 26 years<sup>2</sup>. Nationally 12.8% of all drivers involved in fatal accidents during 2001 are known to have been intoxicated according to the blood alcohol concentration (BAC laws) of their state. This number is based on a systematic examination of the official records of each and every accident involving a fatality during that year in the US. The higher number about 40% commonly reported in the press refers to accidents defined as alcohol related as estimated by the National Highway Traffic Safety Administration.<sup>3</sup> Finding of the study were In pretest, 66.7% of the adolescents had average knowledge regarding ill effects of alcoholism, 15% of them had poor knowledge and 18.3% of them had good knowledge regarding ill effects of alcoholism. In posttest, 60% of them had good knowledge and 40% of them had average knowledge regarding ill effects of alcoholism. This shows that there is remarkable improvement in the knowledge of adolescents regarding ill effects of alcoholism after planned health teaching.

#### OBJECTIVES OF THE STUDY

- To assess the knowledge of adolescents regarding ill effects of alcoholism.
- To identify the effectiveness of planned health teaching on knowledge regarding ill effects of alcoholism.
- To correlate between the knowledge with selected demographic variables.

### KEYWORDS

Planned Health Teaching, Adolescent, Alcoholism, ill effect

### INTRODUCTION

"Drink has drained more blood, hung more crepe, sold more house, plunged more people bankruptcy, armed more villains, slain more children, snapped more wedding rings, defiled more innocence, blind more eyes, twisted more limbs, dethroned more reason, wrecked more manhood, dishonored more womanhood, broken more hearts, blasted more lives driven more to suicide, and dug more graves than only other poisoned scourge that ever swept its death dealing waves across the world. Alcoholism is one of the major problems in the society. Alcohol is by far the most used and abused drug by teenagers worldwide, including India. It kills 6.5 times more youth than all other illicit drugs<sup>4</sup>.

Adolescences is the transitional age and it starts when individual is studying in high school and pre-university. The experimentation of alcohol also starts in adolescence. Students use alcohol to signify their emerging adulthood, to enhance social gathering, and to cope with stress<sup>5</sup>. Kerala led the states in terms of alcohol consumption. An average individual over the age of 15 consumed over 8 litres of alcohol per annum in the south Indian state followed by Maharashtra and Punjab. It was also revealed that over 11% of the population in India indulged in heavy or binge-drinking. The global figure stood at 16%. On the 'Years of Life Lost' scale, which is based on alcohol-attributable years of life lost, India has been rated 4 on a scale of 1 to 5. This implies that the alcohol consuming population of our country loses most years of their life because of drinking and its consequences<sup>6</sup>.

Mental Health and Psychiatric Nursing, enlisted the social complications of alcohol dependence as marital disharmony, occupational problems, financial problems, criminality and accidents<sup>7</sup>. Ahuja, Niraj (2006) in his "short textbook of psychiatry" stated that low self-esteem, poor stress management skills, escape from reality, lack of interest in conventional goals, intra-familial conflicts are some of the psychosocial causes of substance abuse<sup>8</sup>.

### NEED OF THE STUDY

The National Institute of Mental Health and Neuro Science (NIMHANS) in Bangalore reveals that 70% of HIV patients were alcoholics and they were teenagers. All India Institute of Medical Sciences (AIIMS) in Delhi showed that every 5th teenagers between 15-19 age group in Delhi takes alcohol regularly. 3,00,000 are addicted and another lakhs needs medical attention for alcohol related disorder.<sup>9</sup> Alcohol problems are associated with life style and socio-economic conditions of people. These are becoming more – prevalent in adolescents – both boys and girls mainly because of their risk taking

behaviour and more over the emotional control of family; the moral control of school and the social control of community are declining. Information explosion and communication across cultural boundaries through mass media have lot of influence on behaviour pattern of adolescents all over the world. In India, the prevalence of drug abuse, which is generally low in early adolescence, aged 12 & 13 rises – steeply in the late teenage and is highest during the early 20's.<sup>10</sup>

The investigator felt that there is a compelling need to assess the knowledge of adolescent students regarding ill effects of alcohol and carry out an effective intervention to create awareness among the adolescents about alcoholism and its ill effects. Thus they will be prevented from alcohol consumption with timely and proper motivation. Prevention and education are the important aspects of nursing care in any setting. Therefore, planned health teaching is one of such effective intervention which can be carried out to bring the awareness among adolescent students in a school set up as nurses are recognized as authorities on health, they can educate individuals, groups and communities about alcoholism, its adverse effects.

### RESEARCH METHODOLOGY

**Design:** One group pre-test post-test design

**Sample:** 60 adolescents in selected schools.

**Tool:** Socio demographic data and structured questionnaire on ill effects of alcoholism.

### FINDINGS:

The data was analyzed and is presented in the following sections:

**Section-I:** Analysis of demographic data of subjects. This section includes distribution of subjects in relation to demographic data using frequency and percentage.

**Section-II:** Analysis of data related to the knowledge of adolescents regarding ill effects of alcoholism.

**Section-III:** Analysis of data related to effectiveness of planned health teaching on knowledge regarding ill effects of alcoholism

**Section IV:** Analysis of data related to the association of knowledge regarding ill effects of alcoholism with demographic variables of adolescents.

## SECTION I: Description of samples according to their personal characteristics

**Table 4.1: Description of samples according to their personal characteristics in terms of frequency and percentages**  
N=60

Demographic variable	Freq	%
<b>Age</b>		
12-13yrs	28	46.7%
14-15yrs	19	31.7%
16-17yrs	13	21.7%
<b>Sex</b>		
Female	32	53.3%
Male	28	46.7%
<b>Religion</b>		
Christian	6	10.0%
Hindu	30	50.0%
Muslim	9	15.0%
Others	15	25.0%
<b>Type of family</b>		
Joint	38	63.3%
Nuclear	15	25.0%
Extended	7	11.7%
<b>Educational status of father</b>		
Illiterate	7	11.7%
Primary	23	38.3%
Secondary	17	28.3%
Higher secondary	8	13.3%
Graduation & above	5	8.3%
<b>Educational status of mother</b>		
Illiterate	14	23.3%
Primary	27	45.0%
Secondary	8	13.3%
Higher secondary	9	15.0%
Graduation & above	2	3.3%
<b>Occupation of father</b>		
Private	15	25.0%
Government	7	11.7%
Daily wages	27	45.0%
None	11	18.3%
<b>Occupation of mother</b>		
Private service	13	21.7%
Government	5	8.3%
Daily wages	29	48.3%
None	13	21.7%
<b>Family income per month</b>		
< Rs.5000	39	65.0%
Rs.5001-10000	15	25.0%
Rs.10001-15000	3	5.0%
>Rs. 15000	3	5.0%
<b>Family history of alcoholism</b>		
No	33	55.0%
Occasionally	13	21.7%
Once in life time	4	6.7%
Regularly	10	16.7%

### Section II

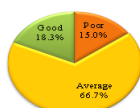
Analysis of data related to the knowledge of adolescents regarding ill effects of alcoholism

**Table 4.2: Knowledge of adolescents regarding ill effects of alcoholism**  
N=60

**Table 4.2:** 66.7% of the adolescents had average knowledge regarding ill effects of alcoholism, 15% of them had poor knowledge and 18.3% of them had good knowledge regarding ill effects of alcoholism.

**Graph 4.2 : Pie diagram showing distribution of knowledge of adolescents regarding ill effects of alcoholism in study group**

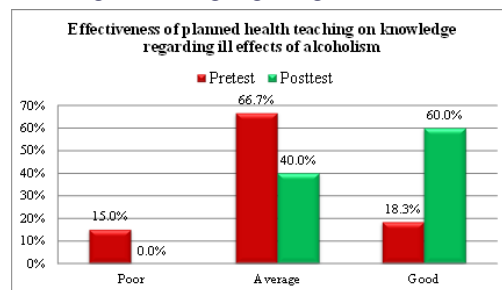
Pretest knowledge regarding ill effects of alcoholism



### Section III

Analysis of data related to effectiveness of planned health teaching on knowledge regarding ill effects of alcoholism

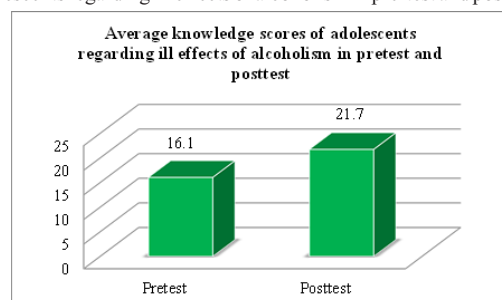
**Graph 4.3(a): Bar diagram showing effectiveness of planned health teaching on knowledge regarding ill effects of alcoholism**



**Graph 4.3(a):** In pretest, 66.7% of the adolescents had average knowledge regarding ill effects of alcoholism, 15% of them had poor knowledge and 18.3% of them had good knowledge regarding ill effects of alcoholism. In posttest, 60% of them had good knowledge and 40% of them had average knowledge regarding ill effects of alcoholism. This shows that there is remarkable improvement in the knowledge of adolescents regarding ill effects of alcoholism after planned health teaching.

**Table 4.3(b): Average knowledge scores of adolescents regarding ill effects of alcoholism in pre-test and post-test.**

**Graph 4.3 (b): Bar diagram showing Average knowledge scores of adolescents regarding ill effects of alcoholism in pre-test and post-test.**



**Table 4.3 (b):** Researcher applied paired t-test for comparison of pretest and posttest knowledge scores of adolescents. Average knowledge score in pretest was 16.1 which increased to 21.7 in posttest. T-value for this comparison was 20 with 59 degrees of freedom. Corresponding p-value was 0.000 which is small (less than 0.05), the null hypothesis is rejected. The planned health teaching was found to be significantly effective in improving the knowledge of adolescents regarding ill effects of alcoholism.

### Section IV

Analysis of data related to the association of knowledge regarding ill effects of alcoholism with demographic variables of adolescents.

**Table 4.4: Fisher's exact test for association of knowledge with demographic variables**  
N=60

Demographic variable		Knowledge			p-value
		Poor	Average	Good	
Age	12-13yrs	2	21	5	0.453
	14-15yrs	5	10	4	
	16-17yrs	2	9	2	
Sex	Female	4	17	11	0.001
	Male	5	23	0	
Religion	Christian	2	2	2	0.253
	Hindu	3	22	5	
	Muslim	0	7	2	
	Others	4	9	2	
Type of family	Extended	1	4	2	0.889
	Joint	5	26	7	
	Nuclear	3	10	2	

Educational status of father	Illiterate	0	7	0	0.019
	Primary	8	9	6	
	Secondary	0	13	4	
	Higher secondary	1	6	1	
	Graduation & above	0	5	0	
Educational status of mother	Illiterate	6	7	1	0.050
	Primary	2	19	6	
	Secondary	1	7	0	
	Higher secondary	0	6	3	
	Graduation & above	0	1	1	

Table 4.4 cont.....

Demographic variable		Knowledge			p-value
		Poor	Average	Good	
Occupation of father	Daily wages	6	16	5	0.109
	Government	0	6	1	
	None	3	8	0	
	Private	0	10	5	
Occupation of mother	Daily wages	3	19	7	0.050
	Government	0	4	1	
	None	0	11	2	
	Private service	6	6	1	
Family income per month	>Rs. 15000	0	2	1	0.199
	< 5000	5	24	10	
	10001-15000	0	3	0	
	5001-10000	4	11	0	
Family history of alcoholism	No	3	25	5	0.190
	Occasionally	1	9	3	
	Once in life time	2	1	1	
	Regularly	3	5	2	

**CONCLUSION-**

The findings of the study shows that there is a highly significant difference seen in the pre test and post test knowledge score in the study group. The planned health teaching is highly effective in increasing the knowledge of subjects regarding ill effects of alcoholism in study group.

**Conflict of interest –NIL****Source of Funding- self****Ethical clearance – Yes****REFERENCE**

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